

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>8/22/00</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>15</i>	<i>8/25/00</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>6299</i>	<i>10/01/00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	10/20/03
2	✓	✓	10/20/03
3	✓	✓	10/20/03
4	✓	✓	10/20/03
5	✓	✓	10/20/03
6	✓	✓	10/20/03
7	✓	✓	10/20/03
8	✓	✓	10/20/03
9	✓	✓	10/20/03
10	✓	✓	10/20/03
11	✓	✓	10/20/03
12	✓	✓	10/20/03
13	✓	✓	10/20/03
14	✓	✓	10/20/03
15	✓	✓	10/20/03
16	✓	✓	10/20/03
17	✓	✓	10/20/03
18	✓	✓	10/20/03
19	✓	✓	10/20/03
20	✓	✓	10/20/03
21	✓	✓	10/20/03
22	✓	✓	10/20/03
23	✓	✓	10/20/03
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25	✓	✓	10/20/03
26	✓	✓	10/20/03
27	✓	✓	10/20/03
28	✓	✓	10/20/03
29	✓	✓	10/20/03
30	✓	✓	10/20/03
31	✓	✓	10/20/03
32	✓	✓	10/20/03
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42	✓	✓	10/20/03
43	✓	✓	10/20/03
44	✓	✓	10/20/03
45	✓	✓	10/20/03
46	✓	✓	10/20/03
47	✓	✓	10/20/03
48	✓	✓	10/20/03
49	✓	✓	10/20/03
50	✓	✓	10/20/03

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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BEST AVAILABLE COPY